| 10000000      | print or type. (Form designed for use on elite (12-pitch typewriter).  UNIFORM HAZARDOUS  **UNIFORM HAZARDOUS**  1. Generator's US EPA ID No.  Document No.  C_A_D_0_0_8_6_5_1_1_0_0_0_5_9_11_1_3_5  |   |          |  | ition in the shaded are<br>equired by Federal la   |  |  |
|---------------|--|---|----------|--|--|--|--|
|               | 3. Generator's Name and Mailing Address McDonnell Douglas Aircraft Co. 19503 S. Normandie Avenue   |   |          | A. State Manifest Document Number  89476975  B. State Generator's ID |  |  |  |
|               | Torrance, CA 90502<br>4. Generator's Phone (213) 533-6677 K. L. Anderson 722 M/S C6-10   |   |          | H4A4H4Q4346404045464948  |  |  |  |
|               | 5. Italisporter i Company Hame   |   |          | ite Transporter's IE<br>naporter's Phone                             | 0/3928<br>0/3988   |  |  |
|               | 7. Transporter 2 Company Name 8. US EPA ID Number  |   |          | ite Transporter's ID   | and the second s |  |  |
| l             | 9. Designated Facility Name and Site Address 10. US EPA ID Number  | - 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1   | U        | ite Facility's ID  | 1022/8   |  |  |
|               | Designated Facility Name and Site Address 10. US EPA ID Number 03 3 Chem Tech Systems, Inc.  |   |          | (1) 1 (4) 8 (4) 3 (3) (4) (1) H. Facility's Phone                    |  |  |  |
|               | 3650 E. 26th St.   | 3  6  9  1<br>  12, Cont  | ainers   | (213)269<br>13. Total  | 14.  |  |  |
| I             | 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   | No.   | Туре     | Quantity   | Unit Wast  |  |  |
| G<br>E        | Hazardous waste liquid, n.o.s., ORM-E, (EPTOX), NA9189, (D006, D007, & D008)   | o lo la   | тІт      | asigo  | EPA/Other DOOK   |  |  |
| N<br>E<br>R   | <b>b.</b>  |   |          |  |  |  |  |
| A<br>T<br>O   |  |   | 1        | 1111   | EPA/Other State  |  |  |
| R             |  |   |          |  | EPA/Other  |  |  |
|               | <b>d</b> .   | $\frac{+11}{}$  |          |  | State  |  |  |
| L             |  | 1 1   | 1        | 1 1 1 1  | EPA/Other  |  |  |
|               | J. Additional Descriptions for Materials Listed Above  |   | K. Ha    | andling Codes for V  | Wastes Listed Above b.   |  |  |
| )             | Oil & Grease 10 to 60%<br>Chromium 5.20 ppm Cadium 2.40 ppm<br>Lead 9.10 ppm Water = Remainder   |   | 4        | 0  | <b>d.</b>  |  |  |
|               | See Attached Analytical Report  15. Special Handling Instructions and Additional Information   |   |          |  |  |  |  |
|               | Guide# 31 Use gloves, goggles, PROFILE #68-218 respirator. Return to Shipper if Rejected. HAULER 3630  |   |          |  |  |  |  |
| I             | GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping na   |   |          |  |  |  |  |
|               | and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international national government regulations.   |   |          |  |  |  |  |
|               | to be economically practicable and that I have selected the practicable method or treatment, storage, or disposal currently available to the which minimize my was present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my was |   |          |  |  |  |  |
|               | accoration and soloct the best waste management method that is available to me and that  | i can amord.  |          |  |  |  |  |
|               | generation and select the best waste management method that is available to me and that  | 7/1 /   | K.       | く  | Month D  |  |  |
| 1             | generation and select the best waste management method that is available to me and that  | MM.   | 1        | <u> </u>   | Month B  |  |  |
| R<br>A<br>N   | Printed/Typed Name  Signature  Signature   | And Share a state of the state | L<br>mps | 2  | Month D  |  |  |
| RANSPO        | Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  Signature  Signature  18. Transporter 2 Acknowledgement of Receipt of Materials   | August 1  | X<br>mps | 7  | 0 3 9 1<br>Month C   |  |  |
| RANSPORTE     | Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  Signature  Signature  | Speak   | X<br>X   | Y  | 0 9 9 1  |  |  |
| RANSPORT      | Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  Signature  Signature  18. Transporter 2 Acknowledgement of Receipt of Materials   | San arrord.   | K.       | 5  | 0 3 9 1<br>Month C   |  |  |
| RANSPORTER    | Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  Signature  Signature  Signature  Signature  Signature                                      | And a more  | X<br>X   | J  | 0 3 9 1<br>Month C   |  |  |
| RANSPORTER FA | Printed/Typed Name  Kris L. Anderson Agent for M.D.A.C.  17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  Signature  Signature  Signature  Signature  Signature                                      | Mi<br>Spell   | pt as no | ted in Item 19.  | 0 3 9 1<br>Month C   |  |  |

DHS 8022 A (1/88) FPA 8700-22

Printed/Typed Name

(Rev. 9-88) Previous editions are obsolete.

89476975 CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

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EMERGENCY OR SPILL, CALL THE NATIONAL

A

占

CASE

Do Not Write Below This Line

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Month Day

Year